PTO/SB/06 (12-04)
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		PAT	ENT APPLIC		FEE DETE		N RECC	RD		Application or Docket Number			
	•	Α	PPLICATION (Coli	AS FILE		olumn 2)	SI	MALL E	ENTITY	OR	OTHER THAN SMALL ENTITY		
•	-	FOR	NUMB	ER FILED	NUMB	ER EXTRA	RATE	≣ (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
		SIC FEE CFR 1.16(a), (b), or (	c))						395			790	
,	SEA	RCH FEE		· -								· ·	
	EXA	OFR 1.16(k), (i), or (n AMINATION FEE OFR 1.16(0), (p), or (											
	TOT	TAL CLAIMS CFR 1.16(i)		minus 20			(A)	5		OR	x50 =		
	IND	EPENDENT CLA	ims .					· ·	J.	200			
	(37 (	CFR 1.16(h))	If the spe	minus 3 cification	and drawings	exceed 100	× 100				×QC		
	FEE		sheets of	sheets of paper, the application size fee due						شده، د د	kvetaningski	Signed on the	
Horas Carrier Car Sing	(371	CFR 1.16(s))		additional 50 streets for traction the inches of the streets of th						, <u>83</u> ,900.	i and the second	,	
Ì	MUL	LTIPLE DEPENDI		LAIM PRESENT (37 CFR 1.16(j))							360		
	* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL									*.* *	TOTAL		
	APPLICATION AS AMENDED - PART II												
·	11-H-O5 (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN		
	IT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	€ (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	AENT	Total (37 CFR 1.16())	• 9	Minus	<del>" බ</del>	=	× 3.	5.		OR	x5O=		
	ENDM	Independent (37 CFR 1.16(h))	· 3	Minus	<del>"3</del>	=	×IC	Ď.	-	OR	900=		
	AME	Application Size	Fee (37 CFR 1.1	6(s))				•					
1	7	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(j))	118	O	. ,	OR	360		
	TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE		
	(Column 1) (Column 2) (Column 3)												
	тв		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	MENT	Total (37 CFR 1.16(j))	*	Minus	**	=	×95	₹.	· · · · · · · ·	OR	×50=		
	$\sim$	Independent (37 CFR 1.16(h))	•	Minus	***	=		7	······································	i.	200		
	AMEN		Fee (37 CFR 1.10	 5(s))		<u> </u>		۲		·OR	au-		
	Ā	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(j))	180	5		OR	360		
							TOTAL ADD'L			OR	TOTAL ADD'L FEE		
	•	If the entry in co	lumn 1 is less that	the entry	in column 2, writ	e "0" in column :	l. ,	L			ı		
	***	<ul> <li>If the "Highest N</li> </ul>	lumber Previously umber Previously mber Previously P	Paid For I	N THIS SPACE	s less than 3 ea	ter "3"	und in t	he appropriate	box in c	olumn 1.	-	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/06 (08-03)
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	PA	TENT ADDI	CATIC	N CEE DET	ED BRIDA TI	OND	ECOPO	normanion uni	A Delice	ys a valid OMB	control number
PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  Application & Docket Number 10 6/8 627											
		CLAIMS A	S FILE(	) – PART I		SMALL	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA							RATE	FEE	7	RATE	FEE
67 6	FR 1.16(a))				1 [			OR	- W.I.S	3	
(37 C	L CLAIMS FR 1.16(c))		minus 2	20		1 [	X \$ =		OR	x s=	
(37 C	PENDENT CLA	IMS .	minus	3		1 h	X \$ •	<b></b>	1		
MULT	TIPLE DEPEND	ENT CLAIM PRESE		(37 CFR 1.16(d))	1 F	+; :		OR OR			
. R th	e difference in	oolumn 1 is less ti		enter "0" in column	<b>.</b> .	TOTAL		OR	<u>+:</u>		
					• •.		TOTAL	<u> </u>	j uk	TOTAL	L
۵	/ . 1.	LAIMS AS AN	RENDE	) - PART II							
	110/0	O(Cotumn 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR		RTHAN ENTITY
AMENDMENT A	N.E.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	$\prod$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
×	Total (37 CFR 1.18(c))	. 8	Minus	20	-	┼ŧ,	:25 :	FEE		x:50 =	FEE
N.	tridependent (37 CFR 1.16(b))	·H	Minus	··· 4	1./	1  -	: 100=		OR.	x ; 200 .	
₹ I	***	ATION OF MUSTIP	F DEPEND	DENT CLAIM (37 CI	ED 1 16(40)				208		
				(37 C)	7.10(0))		180 =		OR	TOTAL	
			•			A	OD'L FEE		OR	ADD'L FEE	
_		(Column 1) CLAIMS		(Column 2)	(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u> </u>	Total proferingen	•	Minus	••		×	:ఎ5 =		OR	× :50 =	
	ndependent p7 CFR 1.16(b)	•	Minus	•••	•	×	s 100 =		OR	x : <u>300</u> =	
₹ ,	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1,16(d))	1	. 180 -		OR	+ 360 -	
							OTAL DO'L FEE		OR L	TOTAL ADD'L FEE	·
		(Column 1)	•	(Column 2)	(Column 3)					MODELLEE [	
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Ĭ,	Total 37 CFR 1,16(c))	•	Minus	**		×	:25.		OR	x : 50 =	FEE
AMENDMENT	ndependent 17 CFR 1,16(b))	•	Minus	744	3		\$ 100 =			x : 200_	
₹ [	RST PRESENT	TION OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF)	R 1.16(d))		:180=		- T	+ :360 :	
TOTAL TOTAL											
• #	the entry in co	lumn 1 is less tha	n the entry	in column 2, write IN THIS SPACE I	"O" in column 3				OR	ADD'L FEE	
44 M		amber makandi	- HIG FOL	IN THIS SPACE I IN THIS SPACE II	e teac than 20 -						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ره	PATENT-APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application or Docket Number  10 - (18 42 7)  1440654095669566											
		CLAIMS AS	(Column		SMALL EN	יתות ⊐	OR	OTHER SMALL				
то	TAL CLAIMS		27					RATE	FEE		RATE	FEE
FO	R		NUMBER F	UMBER FILED NUMBER EXTR				BASIC FEE	375.00	OR	BASIC FEE	750.00
τα	TAL CHARGEA	BLE CLAIMS	27 min	ıs 20=	3 20=			X\$ 9=		OR	X\$18=	126
	EPENDENT CL		6			X42=		OR	X84=	SOU		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				ı	+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	ołumn 2		TOTAL	•	OR	TOTAL	1380
3-3-05 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 8	Minus	<b></b> Q	27	=		XS.		OR	X\$)82	
AME	Independent	• 4	Minus	*** (	9_	• _		× 60		OR	湖印	
	FIRST PRESE	NTATION OF M	JUTIPLE DEP	ENDEN	TCLAIM			+1802		OR	260f)	
		•					ı	TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE		•	AUDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
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_	ringi Prese	INTO OF IN	DETIFICE DEF	LNDLN	ODAN			+140=		OR	+280=	
	•	•					1	TOTAL ADDIT. FEE		OR	TOTAL	
		(Column 1)		(Colu	mn_2)	(Column 3)		•		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	*		•		X\$ 9=		OR	X\$18=	
PARE	Independent	•	Minus	404		•		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	IT CLAIM			+140=		OR	+280=	
-	If the "Highest Nu	mn 1 is less than I mber Previously P	aid For IN THI	S SPACE	is less the	in 20, enter "20."	• '	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

M4065 -0956/1986

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER SMALL	
T <sup>C</sup>	TAL CLAIMS		27					RATE	FEE		RATE	FEE
FC	R		NUMBER I	FILED	NUMBER EXTRA			ASIC FEE	375.00	OR	BASIC FEE	750.00
TC	TAL CHARGEA	BLE CLAIMS	27 min	us 20=	• 1	_		X\$ 9=		OR	X\$18=	126
INE	EPENDENT CL	AIMS ·	9 mii	nus 3 =	6			X42≈		OR	X84=	SOU
M	ILTIPLE DEPEN	IDENT CLAIM P		上	+140=		OR	+280=	3001			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1380
	С	LAIMS AS A	MENDED	- PAR	TII					<b>.</b>	OTHER	
	وساده والمسادرة والمداد	(Column 1)	NS 10	(Colur		(Column 3)		SMALL E	ENTITY	OR	SMALL	•
AMENDMENT A		CLAIMS HIGHE REMAINING NUMBE AFTER PREVIOU AMENDMENT PAID FO		BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent					= X42=				OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							+140=		OR	+280=	
		,					۰ ــــ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colur		(Column 3)	-			•	A0011. 1 LE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		-		X42=		OR	X84=	
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		•					AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent * FIRST PRESENTATION OF M		Minus	***		x42=			OR	X84=		
	LINO! PHESE	NIAHON OF M	ULTIPLE DEF	ENDENT	CLAIM		۱,	140=		OR	+280=	
*	If the entry in colur	mn 1 is less than the	ne entry in colu	mn 2, write	"0" in col	umn 3.		TOTAL			TOTAL	
444	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											